

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/618433</u>	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1							51		
2							52		
3		2		2			53		
4		2		2			54		
5		2		2			55		
6		1		1			56		
7		1		1			57		
8	1		1				58		
9	1		1				59		
10	1		1				60		
11	1		1				61		
12	1		1				62		
13	1		1				63		
14							64		
15							65		
16							66		
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40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	7	1	2	1			TOTAL IND.		
TOTAL DEP.	9		9				TOTAL DEP.		
TOTAL CLAIMS	16		11				TOTAL CLAIMS		